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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/487,586	01/19/2000	Lingappa K. Mestha	104419	3331
7590 10/14/2004			EXAMINER	
Oliff & Berridge PLC			ROGERS, SCOTT A	
P O Box 19928 Alexandria, VA 22320			ART UNIT	PAPER NUMBER
, , , , , , , , , , , , , , , , , , , ,	. 22520		2626	
			DATE MAILED: 10/14/200	4

Please find below and/or attached an Office communication concerning this application or proceeding.

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SERIAL NUMBER FILING DATE	FIRST NAMED APPLICANT	
09/487,586 01/19/200		ATTORNEY DOCKETT NO.
0 1/10/,300 01/11/200	Lingappa K. M.	utha 104419
		EXAMINER
		S. ROGERS
		ART UNIT PAPER NUMBER
,	•	2626
		DATE MAILED:
	EXAMINER INTERVIEW SUMMARY RE	ECORD
All participants (applicant, applicant's represen	ntative. PTO personnel):	
` <u> </u>		
(1) Richard S.E		1
(2) Scott A. Roge	104	
(2)	(4)	
Date of interview 8/24/200	4	
(
	given to 🗀 applicant 🔎 applicant's representative)).
Exhibit shown or demonstration conducted:	Yes No. If yes, brief description:	
Claims discussed: 1, 8, am	ang et al. (US 59	03712)
Description of the general nature of what was a	agreed to if an agreement was reached, or any other o	4000-7
	ground in any other to	comments: 77 portans
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spectra in not tass	ht in Warm et al	Examin coon
and will be per	forming additional rear	the long are to
A fuller description, if necessary, and a copy of ttached. Also, where no copy of the amendme	the amendments, if available, which the examiner agents which would render the claims allowable is availa	preed would render the claims allowable must be
1. It is not necessary for applicant to provide	de a separate record of the substance of the interview	ole, a summary thereof must be attached.)
	to indicate to the contrary, A FORMAL WRITTEN RE NCE OF THE INTERVIEW (e.g., items 1-7 on the reve given one month from this interview date to provide a	
 Since the examiner's interview summar requirements that may be present in the 	ry above (including any attachments) reflects a complete last Office action, and since the claims are new eller	
FOL-413 (REV. 2 -93)		w moon
•	OR INSERTION IN RIGHT HAND FLAP OF FIL	gnature
		.⊨ WRAPPER

PK

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